

2722

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

FILL OUT ALL BLANKS

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 145	
County	Maricopa	County Registered No.	2353
District	No. 3	Local Registrar's No.	229
Town			
Or City	Alma		
ORIGINAL CERTIFICATE OF DEATH			
No. _____ St. _____			
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>A. A. Woods</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	Color or Race	DATE OF DEATH	
Male	White Indian	Sept 11, 1919	
	Black Chinese	(Month) (Day) (Year)	
	Mexican		
DATE OF BIRTH		I hereby certify, that I attended deceased from Sept 7, 1919 to Sept 11, 1919; that I last saw h. alive on Sept 11, 1919, and that death occurred on the date stated above at 7 P.M. The DISEASE or INJURY causing Death was as follows:	
Sept 25 - 1864		Carcinoma Stomach	
(Month) (Day) (Year)		(Duration) 1 1/2 yrs. - mos. - days	
AGE		Was disease contracted in Arizona? No	
34 yrs. 11 mos. 17 days		If not, where? _____	
If less than 1 day		CONTRIBUTORY _____	
hrs., or min.		(Duration) _____ yrs. mos. days	
OCCUPATION		(Signed) _____	
(a) Trade, profession or particular kind of work	Farmer	7/12/1919 (Address) Mesa	
(b) General nature of industry, business, or establishment in which employed or (employer)		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
BIRTHPLACE		LENGTH OF RESIDENCE	
(State or country) Canada		At place of death 3 yrs. mos. ds. In Arizona 3 yrs. mos. ds.	
NAME OF FATHER	Thomas B Wood	Former or Usual Residence Canada	
BIRTHPLACE OF FATHER	Canada	Filed 9-12/1919	
(State or country)		Filed 10-19-1919	
MAIDEN NAME OF MOTHER	Mary Wood	County Registrar	
BIRTHPLACE OF MOTHER	Canada		
(State or country)			
The Above Is True to the Best of My Knowledge			
(Informant)	Mary Wood		
(Address)	Chandler		
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL		
Mesa Cemetery	Sept 12, 1919		
UNDERTAKER	ADDRESS		
W. H. Foster	Mesa		